

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEROY RILEY	COURT CASE NUMBER 05-172 ERump
DEFENDANT DAVID M'COY	TYPE OF PROCESS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SCI Forest
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) ONE Woodland RD Marienville, PA 16239

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**LEROY RILEY EG8672
SCI Forest P.O Box 945
MARIENVILLE, PA, 16239-0945**

Number of process to be served with this Form 285

Number of parties to be served in this case

5

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**Pennsylvania Dept of Correction (Central office)
2526 CIsburn ROAD Camp Hill PA
17001-0588**

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

3/13/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------	--------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

3/24/06

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee 90	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
--------------------------	---	----------------	-----------------------------	------------------	---

REMARKS: **Out 3-23-06 9842 8000 3225**

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00